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## APPLICANTS

Bernd Riedl, Wuppertal, GERMANY;  
Jacques Dumas, Orange, CT;  
Uday Khire, Hamden, CT;  
Timothy B. Lowinger, Nishinomiya City, JAPAN;  
William J. Scott, Guilford, CT;  
Roger A. Smith, Madison, CT;  
Jill E. Wood, Hamden, CT;  
Mary-Katherine Monahan, Hamden, CT;  
Reina Natero, Hamden, CT;  
Joel Renick, Milford, CT;  
Robert N. Sibley, North Haven, CT;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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|   |                                |                        |                       |                            |
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| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>51 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>SM</i>   |                                |                        |                       |                            |

ADDRESS  
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## TITLE

OMEGA-CARBOXYARYL SUBSTITUTED DIPHENYL UREAS AS RAF KINASE INHIBITORS

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|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>2666 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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